



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COLLECTION SERVICE BOARD
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Phone 615-741-1741
Fax 615-253-1179
www.tn.gov/commerce/boards/collect

- NOTICE -
CHANGE OF OWNERSHIP
TENNESSEE COLLECTION SERVICE AGENCY

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NOTE: ALL ANSWERS MUST BE TYPED OR PRINTED. ALL APPLICABLE QUESTIONS MUST BE ANSWERED FULLY. YOU WILL BE NOTIFIED BY THE BOARD OFFICE IF MORE INFORMATION IS REQUIRED.

DATE AGENCY'S TN LICENSE #

AGENCY NAME (AS ON TN LICENSE / CERTIFICATE)

AGENCY'S MAILING ADDRESS

CITY STATE ZIP CODE

TELEPHONE # WITH AREA CODE FAX # WITH AREA CODE

EMAIL ADDRESS OF TN LICENSED LOCATION MANAGER LOCATION MANAGER'S TN LICENSE #

1.) OUR AGENCY WAS OPERATING AS: (CHECK ONE)

- a. _____ Sole Proprietorship b. _____ Partnership c. _____ Corporation d. _____ LLC
e. _____ Other (Explain)

Section (e) should include merchant owned, association, foreign agency, etc.

EXPLANATION: (Attach a separate sheet of paper if necessary.)

2.) OUR AGENCY IS CHANGING TO: (CHECK ONE)

- a. _____ Sole Proprietorship b. _____ Partnership c. _____ Corporation d. _____ LLC

e. _____ Other (Explain)

3.) LIST ALL PARTIES THAT HAD A FINANCIAL INTEREST IN THE AGENCY:

(Attach a separate list as an addendum to this item #3 if necessary.)

NAME	RESIDENCE ADDRESS	% OF INTEREST
NAME	RESIDENCE ADDRESS	% OF INTEREST
NAME	RESIDENCE ADDRESS	% OF INTEREST

4.) LIST ALL PARTIES THAT WILL HAVE A FINANCIAL INTEREST IN THE AGENCY:

(Attach a separate list as an addendum to this item #4 if necessary.)

NAME	RESIDENCE ADDRESS	% OF INTEREST
NAME	RESIDENCE ADDRESS	% OF INTEREST
NAME	RESIDENCE ADDRESS	% OF INTEREST

5.) IS THIS CORPORATION OR LLC REGISTERED WITH THE TENNESSEE SECRETARY OF STATE'S OFFICE? YES NO

IF NO, EXPLAIN
WHY _____

6.) IF YOU ARE A FOREIGN CORPORATION:

1. IN WHAT STATE IS YOUR AGENCY DOMICILED? _____

2. HOW LONG HAS THIS CORPORATION BEEN IN EXISTENCE? _____

3. NAME AND ADDRESS OF COUNSEL OR AGENT IN TENNESSEE FOR CONTACTS BY BOARD AND FOR SERVICE OF LEGAL PROCESS: (IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED 62-20-117(b) (1))

NAME AND TITLE _____

STREET	CITY	STATE	ZIP CODE
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ADDITIONAL INFORMATION:

UNDER THE PENALTIES OF PERJURY, I DECLARE THAT THE STATEMENTS MADE HEREIN ARE ANSWERED TO THE BEST OF MY KNOWLEDGE AND BELIEF; ARE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND ARE MADE SOLELY FOR THE PURPOSE OF NOTIFYING THE TENNESSEE COLLECTION SERVICE BOARD OF ANTICIPATED CHANGES IN THE AGENCY.

NAME OF TENNESSEE LICENSED LOCATION MANAGER (TYPE OR PRINT)

LICENSE #

SIGNATURE OF TENNESSEE LICENSED LOCATION MANAGER

NOTARY: SUBSCRIBED AND SWORN TO ME BEFORE THIS ____ DAY OF _____
20____.

(Seal)

NOTARY PUBLIC: _____ MY COMMISSION
NAME

EXPIRES _____